

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Genes Involved in Neuropsychiatric Disorders

Attorney Docket Number:: 020885-000720US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One:: NIH MH54844 and MH60398

Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: William
Middle Name:: E.
Family Name:: Bunney
Name Suffix:: Jr.
City of Residence:: Laguna Beach
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 737 Kendall Drive
City of Mailing Address:: Laguna Beach
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92651

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Edward
Middle Name:: G.
Family Name:: Jones
Name Suffix::
City of Residence:: Winters
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: P. O. Box 1259
City of Mailing Address:: Winters
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 95694

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Italy
Status:: Full Capacity
Given Name:: Margherita
Middle Name::
Family Name:: Molnar
Name Suffix::
City of Residence:: Davis
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 613 Rutgers Drive
City of Mailing Address:: Davis
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95616

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-provisional of	60/451,306	02/27/03
This Application	Non-provisional of	60/406,879	08/28/02

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::